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LONG-TERM CARE SUPPORTS AND SERVICES
ADVISORY COMMISSION
January 28, 2008

EXECUTIVE COMMITTEE MINUTES 10-29-07

FINANCE WORKGROUP PRESENTATION

HEALTHPROMOTION, CHRONIC CARE MANAGEMENT, AND CAREGIVER SUPPORT PRESENTATION

PERSON-CENTERED PLANNING PRESENTATION

WORKFORCE PRESENTATION

PUBLIC EDUCATION AND CONSUMER PARTICIPATION PRESENTATION AND PROJECT GRID

LONG-TERM CARE SUPPORTS & SERVICES
ADVISORY COMMISSION
EXECUTIVE COMMITTEE
DECEMBER 3, 2007
MINUTES

ATTENDEES: Andy Farmer, RoAnne Chaney, Hollis Turnham, Chris Chesny, Jon Reardon, Jackie Tichnell, Gloria Lanum, Jane Church
Re-appointments - There is currently one vacancy and four Commissioners to be re-appointed. (Turnham, Mania, Wilson, McKinney) Turnham has already sent her updated information and request for re-appointment to the Governor. Others were urged to submit their information as well.

Letter to Department/Legislature Promoting MI Choice in licensed "Assisted Living" Facilities - There was discussion regarding the Commission's passed motion to send a letter to the Department and Legislature urging both entities to support this concept as it relates to Money Follows the Person and choice. Farmer will draft something for review by the Executive Committee by Friday, December 7, 2007.

January Meeting - This meeting will focus on the progress of the workgroups. Each group will have approximately 25minutes for presentation, discussion, and questions. It was noted that public comment still needs to be available. Per Farmer, and agreed to by the Executive Committee, public comment will be moved on the agenda to the beginning of the meeting.

Chesny noted that the Home Health Association uses an "Issue Brief" format to present items at their meetings. It was suggested the Commission try this process. Chesny will pursue.

Finance Committee - This committee is recommending that the Commission send a letter to the Congressional delegation to correct the FMAP process. Chesny will use the Issue Brief concept to prepare a document for the full Commission to respond to.

Executive Committee meeting was adjourned.

Finance Workgroup

- Medicare and Medicaid Federal match
- Estate recovery vs. preservation
- Long Term Care Insurance
- Reimbursement Models
- Data Collection
- Caregivers role encompassed in the system
- Nursing Homes
- Ombudsman's/External Advocacy role.

Medicare/Medicaid Match FMAP

- Rely on the FMAP formula that is tied to state per capita income.
  - National Average per capita
    - State income above = lower matching rate
    - State income lower = higher matching rate
- Personal income measured
  - before deduction of personal income taxes
  - and other personal taxes
  - reported in current dollars
  - 3 year lag
- Average 57% (Max 83%/Min 50%)
  - MS- 75.89%
  - 12 States- 50%

Michigan's Standing

- National Average 57% (Max 83%/Min50%)
- Highest - Mississippi 75.89%
- Lowest- 12 States 50%
- Michigan FMAP Rates
  - FY 05: 56.71%
  - FY 06: 56.59%
  - FY 07: 56.38%
  - FY 08: 58.10%

Michigan Rates

- Covered Services in MI: 57.68%
- Family Planning: 90%
- Services on behalf of Indian Health services: 100%
- Administration 50% except for the following administrative functions.

Enhanced Administrative Functions

- Medicaid Management Information Systems: 75%
- NH survey and enforcement: 75%
- Fraud and Abuse Investigation: 75%
- Hospital & MCO utilization review/quality reviews: 75%
- Verification of immigrant status:

Michigan's Risk

- FMAP formula
  - Requires private insurance contributions to be counted into income calculation
- 2003 Pension contributions $16 B
  - ↓ $129.5 M per year for 3years
- Voluntary Employee Benefits Account
  - Contributions count as income
  - ↓ FMAP up to $61 M per year

Commission Role

- Advocate Legislative Relief
  - Letter sent
  - Active participation for bill
    - SCHIP 2007
    - Likely SCHIP 2008

Estate Recovery vs. Preservation

- Recovery
  - Michigan law in compliance
  - State plan amendment
- Preservation
  - Administrative initiative

Long Term Care Insurance

- Data gathering
  - AARP documents
  - Partnership
    - OLTCSS workgroup
      - Agent Training
      - Inflation protection
- Model policy
  - National Insurance Commissioners
  - AAHSA proposal

Reimbursement Models

- Managed Care Feasibility Study
  - Mental Health model
  - Issues
    - No existing pool of experienced plans
    - MI Choice spend down
    - Full risk model
- Case Mix Model
  - HCAM group

Nursing Homes

- Reimbursement education
- Other providers

Other subgroups

- Data collection
- Caregivers

Long-Term Care, Services, and Supports Commission

Health Promotion, Chronic Care Management and Caregiver Support

January 28, 2008

Health Promotion and Chronic Care Management Across the Life Course

Stage:	Healthy	At risk	Chronic Condition(s)	Complication/ exacerbation
Level of Health Promotion:	Primary	Secondary	Chronic Care and Tertiary Prevention	
Care/ Support	Health Promotion Environment Universal	Screening Early ID Meds Lifestyle	Complications Protocols Self-Management Education	Intensive On-going care/support Hospitalization
Objectives:	Prevent Movement to "at risk" -next level	Prevent progression and high use/need of acute medical care	Prevent/delay progression, complications and prevent or minimize hospitalization and acute and long-term care	

LTC Task Force

Support, Implement, and Sustain Prevention Activities through:

- Community Health Principles
- Caregiver support, and
- Injury control, Chronic Care Management, and Palliative Care Programs that Enhance the Quality of Life, Provide Person-Centered Outcomes, and Delay or Prevent Entry in the LTC system.

TF Recommended Strategies:

- **Convene a broad-based coalition of aging, disability, and other organizations.**
  - **Healthy Aging Steering Committee (not active?)**
  - **Health Promotion for People with Disabilities Steering Committee**

TF Recommended Strategies:

- **Review community resources and needs (including prevention, chronic care, and caregiver supports)**
  - **OSA Strategic Plan: Liveable Communities**
  - **Regional Healthy Aging Coalitions (?)**
  - **SPE / LTCC**

TF Recommended Strategies:

- **Identify existing local, culturally competent strategies to address prevention, chronic care needs, and substance abuse.**
  - **OSA Strategic Plan on CULTURAL COMPETENCY AND TARGETED OUTREACH STRATEGY**

TF Recommended Strategies:

- **Develop and support programs to address prevention, chronic care, and caregiver supports**
  - **Public Health: Division of Chronic Disease and Injury Control**
  - **OSA Strategic Plan on FALLS AND SERIOUS INJURY STRATEGY:**

TF Recommended Strategies:

- Develop a public health caregiver support model.
- What does this mean?

The Public Health Perspective

TF Recommended Strategies:

- Develop wrap-around protocols for caregiver/consumer support needs
  - **OSA Strategic of DEMENTIA SERVICES STRATEGY**
- Create initiatives and incentives to support caregivers
  - **OSA Strategic Plan of CAREGIVER STRATEGY**

TF Recommended Strategies:

- Promote the use of culturally competent caregiver training on injury prevention, rights and benefits, and person-centered planning

TF Recommended Strategies:

- Identify and promote the use of elements of established models for chronic care management and coordination (e.g., Wagner or ACOVE model)
  - Public Health: The Primary Care Consortium Strategic Plan Implementation Goal
  - OSA Strategic Plan of HEALTH PROMOTION STRATEGY

Chronic Care Management

- **133 million people, or almost half of all Americans, live with a chronic condition.**
- **That number is projected to increase by more than one percent per year by 2030, resulting in an estimated chronically ill population of 171 million.**
- **Almost half of all people with chronic illness have multiple conditions.**

Chronic Care Management

- **Current health care system deficiencies include:**
  - **Rushed practitioners not following established practice guidelines**
  - **Lack of care coordination**
  - **Lack of active follow-up to ensure the best outcomes**
  - **Patients inadequately supported to manage their conditions**
- **Overcoming these deficiencies will require nothing less than a transformation of health care.**

Chronic Care Management

- The Chronic Care Model (CCM) identifies the essential elements of a health care system that encourage high-quality chronic disease care:
  - the community,
  - the health system,
  - self-management support,
  - delivery system design,
  - decision support and clinical information systems.

TF Recommended Strategies:

- **Create incentives for implementing culturally competent chronic care models and protocols.**
  - **OSA: 16 AAAs have licenses to teach Wagner model Wagner model of chronic care and self-management. As staff turnover occurs there is a loss of capacity.**

TF Recommended Strategies:

- **Develop and implement chronic care protocols**
  - **Public Health: The Primary Care Consortium Strategic Plan Implementation Goal**

TF Recommended Strategies:

- **Promote the use of Assistive Technology (AT) for consumers and direct care workers/caregivers as a prevention tool**
  - **Older Americans Act and AT Act**

- **Investigate grant opportunities to pilot chronic care management models**
  - **The CDC Grant: Health Promotion for People with Disabilities**

Health Promotion for People with Disabilities

- Build capacity to address the disparity in health outcomes between citizens with and without disabilities.

Strategic Plan: Four Dimensions of Health Promotion

- **Accessing health screening and health care**
- **Improving the effective response of health providers to people with disabilities**
- **Promoting management by people with disabilities of the their own health**
- **Integrating disability into health promotion programs**

MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION

UPDATE: Workgroup on Person-Centered Planning

January 28, 2007

Participants

- Allegan County CMH Services
- Alzheimer's Association/Michigan Great Lakes Chapter
- Area Agency on Aging Central Office AAA-1B
- Citizens for Better Care
- Disability Network/Mid-Michigan
- Evangelical Homes of Michigan
- Hafeli, Staran, Hallahan, Christ & Dudek
- Lutheran Homes of Michigan
- Macomb County Department of Senior Services
- Michigan Home Health Association
- Michigan Association of Homes and Services for the Aging
- Michigan Department of Community Health
- Michigan Offices of Services to the Aging
- Michigan Protection and Advisory Services
- MPRO/Nursing Home Quality Initiative Project
- Senior Neighbors, Inc.
- Shared Care Services, Inc.
- State Long Term Care Ombudsman Office
- The ARC, Michigan
- ThinkSarah! LLC

Workgroup Charge/Responsibility

•Monitor the implementation of the Person Centered Planning Process as it exists today; including the use of a *consumer chosen supports coordinator* and the process evident in the Single Point of Entry Agencies/LTC Connections sites.

•Review and Refine *Practice Guidelines* and Protocols in a meaningful way so that implementation of the person centered planning process becomes operational in all long term care settings/service lines.

•Focus workgroup efforts on the importance of ongoing education related to *Practice Guidelines* and "culture change" processes.

•Determine a realistic next steps approach to moving Person Centered Planning into other aspects of long term care supports and services.

•Determine barriers to implementation and make recommendations for change.

Initial Workgroup Meetings Focused on:

- Gaining knowledge regarding Person Centered Planning effectiveness to date.
- Determining reasonable goals and objectives for the Person Centered Planning Workgroup.
- Creating a mechanism for ongoing discussion about task timelines and objectives.
- Determining whether there was widespread workgroup membership, participation and member support.
- Asking ourselves, "What are the questions we need to answer to determine opportunities and challenges?"

Initial Discussions

•Defined the nursing home as the most regulated and perhaps the most restrictive of the supports and services environment or programs.

•Recognized that conservatorships/guardianships were causing challenges to the implementation of a person centered planning process in all service sectors and programs.

Shared Learnings

•There is a difference between a Person Centered Environment and what is true Person Centered Planning!

•There is a recognition that regulations may be a significant barrier to implementation of a true person centered planning process where the client is at the center of the planning process and where the client's needs, wants and desires are documented and realized on a daily basis.

•There was significant recognition that education of all stakeholders would be necessary and imperative.

•There was belief by Workgroup members that a subgroup of nursing home providers could evaluate further the existence and practices of the person centered planning process in a small sample of nursing homes.

Further Shared Learnings

•Despite the Workgroup's ideal belief that culture change education will "jump start" the training in all LTC service sectors, some prescriptive *Process Guidelines* will need to be developed.

•The *Process Guidelines* could lead to a series of "open ended questions" for the leader.

• The **consumer** needs to appoint a **"champion"** who understands the Person Centered Process and this **"champion"** should not be the SPE supports coordinator.

•The Workgroup acknowledged the availability of best practice literature that should be evaluated as the Workgroup makes final recommendations.

Next Steps

- Nursing home provider subgroup will begin to analyze the existence of person centered planning process in a sample group of skilled nursing facilities where culture change has and has not been implemented (First Meeting 2-18-08)

- Further analysis needed around the appointment of guardians and conservators in Michigan as it is recognized that guardianship can remove the client from the center of the planning process.

- Workgroup will request an update from the Office of Long Term Care and Supports Services around the status of the Person Centered Planning Process. The desired report should include identification of short falls.

Desired Outcomes

- Nursing home subgroup will provide a platform for further study and analysis in all LTC service lines.

- Workgroup will be able to identify **Barriers to Implementation** along with several **Key Recommendations** back to the Commission.

- Workgroup will have evaluated guardianship approval process and determine if there is need for further stipulation.

- Assumption that all **Future Recommendations** would have legislative, regulatory and reimbursement/payment impacts.

Report to LTCSS Advisory Commission

From the Workforce Development Workgroup

January 28, 2008

The Workforce Development Workgroup has over 60 members seeking to implement

Task Force Recommendation #8: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices. The full set of recommendation and benchmarks appear on pages 21-22 of the Final Report of the Michigan Medicaid Long-Term Care Task Force.

Initially, the entire workgroup created five issue committees to address specific Task Force recommendations and benchmarks and to bring state activities to the full workgroup and ultimately the LTCSS Commission that we believe will implement the vision and goals of the Task Force. Those five issue committees and the workforce recommendations from the Task Force report they are responding to are:

1. **Michigan Works Agencies (MWA)—Recommendations # 1, #2, #3**
2. **Workforce Data—Recommendations # 4, #11**
3. **CNA curriculum enhancement—Recommendations # 5, #7, #9.1, #10**
4. **LPN training programs—Recommendations #5, #6, #10**
5. **Health Care Coverage-Recommendation # 9**

Each issue committee has volunteer facilitator(s), a roster of members, and has met at least once and charted initial activities, but for the MWA issue committee. The MWA issue committee will be holding its first meeting in the next two weeks.

Initial activities completed and planned by the issue committees follow:

Workforce Data—Recommendations # 4, #11. The data issue committee has started to evaluate the current data maintained and shared by the State on the LTC workforce. We will hear from DLEG this week on its activities and capacities. We have examined the reporting used by North Carolina which annually collects employment and turnover data from its nursing homes, adult care homes, and home health agencies. Once it is released in the Spring, 2008, we will evaluate a workforce data white paper

coming from a CMS funded workforce resource center. The white paper will outline the minimum long-term care workforce data elements that each state should be collecting and explain the various uses for the data. By the end of 2008, this issue committee and the full Workforce Workgroup hopes to present to the LTCSS Commission **a set of minimum LTC workforce data that Michigan ought to be collecting, analyzing, sharing, and using to support the implementation of the Task Force visions, goals, and recommendations.**

CNA curriculum enhancement—Recommendations # 5, #7, #9.1, #10. This issue committee has taken up the recommendations for improving the MI Model CNA curriculum and the administration of the CNA registry, as developed by the Michigan Direct Care Workforce Initiative (MDCWI). Currently, we are seeking formal support from as many LTC stakeholders as possible to agree that Michigan should take control of its CNA training program and stop relying on 20 year old federal standards for training of over 7,000 direct care workers every year. A state legislative effort is required to take exceed the 20 year old federal mandates for the CNA training program and curriculum. With support from the Commission and the Department of Community Health, we envision that those organizations that formally support enhancing the CNA training program will then draft the desired legislative elements, seek legislative champions, and support legislation implementing the desired changes. In March, 2008, this issue committee plans to present a **formal recommendation to the LTCSS Commission to support this effort to better prepare CNAs, and other direct care workers, for their first weeks of employment through new state legislation that exceeds federal minimum standards.**

LPN training programs—Recommendations #5, #6, #10. LPNs are used extensively in long-term care, particularly in nursing homes and home care. The SE MI RSA has raised and been working on a number of LPN issues over the last two years—**Are there enough training programs for LPNs and graduates who practice as LPNS, particularly in SE MI? What are the barriers to creating more training programs for LPNs? What's the best curriculum for all LPN programs to use in meeting the needs LTC consumers and LTC employers, including supervisory skills? How can LPN course work be recognized in all RN training programs so to reduce repetition of course work and the cost of an RN education?** The issue committee has learned that the Department of Community Health has convened a Task Force on Nursing Regulations, outside the Board of Nursing, to examine both RN and LPN issues. The Task Force on Nursing Regulations are examining the creation of "unified" LPN and RN curricula for all approved educational programs to follow. Many believe that these "unified" curricula are the first step in getting "articulation agreements" among the

state's nursing education programs. The Task Force on Nursing Regulations recommendations will then be considered by the Department's Board of Nursing. Once more information and data is gathered, the Workforce Workgroup is likely to come to the LTCSS Commission with recommendations for inclusion of long-term care concerns in the Board of Nursing process to review both RN and LPN training and changes to state law and rules.

Health Care Coverage-Recommendation # 9. This issue committee has been gathering information about how best to secure health care coverage for all who work in LTC. **The analysis has focused both on finding ways to cover people who are currently uninsured and to support those employers who want to continue to offer affordable, adequate health care coverage to their employees.** The group is looking at the Muskegon County Access Health plan and other County Third Share Plans designed largely for **small employers** who have not been offering health care coverage to their staff and how state agencies, including DCH, can encourage and support employer participation in these plans. Also, the Health Care Coverage issue group is looking at what other states have done to **enhance their Medicaid reimbursement rates** to secure affordable, adequate health care coverage for people delivering Medicaid funded long-term care. The issue committee expects to bring formal recommendations for state governmental actions in the next 3 to 6 months.

Our challenges: Getting broad geographic participation in our meetings and discussions. Current solution: we are using some conference calls that are not "tollfree." Participating members are incurring a long-distance telephone charge to participate in workgroup and issue committee meetings.

Bringing workforce issues to other Workgroups: Some members of Workforce Development are "ambassadors" to the other workgroups to raise workforce issues and bring back to us finance, quality, education, etc issues.

Logistical and staffing needs: Meeting rooms. We have been using the conference rooms at the Tri-County on Aging, but those rooms may not be as available to us during tax season. We will likely move more meetings to PHI's conference room. We would like to know about more options for free meeting space in Lansing area with free parking and how to reserve those meeting spaces.

Finally, our success is due to the work of the members of Workforce Development Workgroup who have are facilitating the issue committees, taking notes of our meetings, sharing their expertise and experiences, finding meeting locations, recruiting presenters to inform our work, and working to build agreement among stakeholders for

the recommendations we will bring to the LTCSS Commission. My deepest thanks to all these advocates for a highly qualified, committed, and respected long-term care workforce.

Submitted by: Hollis Turnham, LTCSS Commissioner

Public Education and Consumer Participation Work Group
Of the Long-Term Care Services and Supports Advisory Commission

Co-Chairpersons
Bob Allison and Toni Wilson

Members:

Mary Ablan, Director, AAA Association of Michigan
Katherine Beck-Ei, St. Joseph Mercy Senior Services, State Public Policy Director
Tandy Bidinger, Michigan Developmental Disabilities Council, Public Policy Analyst
Lisa Boyd, Westland Convalescent Center, Executive Director of Business Development
Patricia E. Kefalas-Dudek, Attorney, Hafeli, Staran, Hallahan, Christ & Dudek
Sara Duris, Alzheimer's Association, State Public Policy Coordinator
Terry Eldred, Alzheimer's Association Volunteer and secondary consumer
Lois Gibbons, Consultant, Harmony Financial Network
Tricia Harney, Hospice of Michigan, Marketing Director
Helen Hicks, Citizens for Better Care, Executive Director
Dave Jackson, US Dept. of Labor, Office of Apprenticeship
Jenny Jarvis, Area Agency on Aging 1-B, Director of Communications & Fund Development
Carolyn Lejuste, Michigan Disability Rights Coalition, Consultant, LTC Reform
Helen Love, Detroit/Wayne County Long Term Care Connections, Publicist
Wendi Middleton, Office of Services to the Aging, Associate Division Director, Program Development
Kay Miller, Presbyterian Villages of Michigan, Marketing Director (resigned in January due to job change)
John Payne, Garrison LawHouse P.C., Liaison to Elder Law Section of the MI State Bar Association
Cyndy Viars, Disability Advocates of Kent County, State Public Policy Coordinator

I. What we have done so far:

Vision Statement: (Bob)

The purpose of our workgroup is to help the Commission be a driving force for meaningful consumer and stakeholder participation in enacting true reform of Michigan's long-term care system – including a direct role in more oversight and accountability.

We aim to engage consumers, their family members, advocates, public officials, long-term care workers and other stakeholders in advocacy that will result in a stronger, more diverse system of long-term care in our state.

We will assist the Commission in being an effective and visible promoter of consumer-driven care that ensures everyone will get support in whatever setting they choose.

Our workgroup will set a strong agenda for the Commission, broadcasting the important work it is doing and finding new ways to engage the public in its efforts.

Highlights of First Meetings (Toni)

Sept. 16- Introductions

Oct. 18-

- Identified our initial focus areas, which will be 1) to increase awareness of SPE's and identify how the Commission and work group can support efforts; 2) increase awareness among the general community that they can choose from an array of LTC services; and 5) provide an orientation to

legislators on person-centered planning, the array of supports & services, and options for consumers to control their own supports.
- Agreed to use a tool for systemic identifying and tracking of specific activities related to our goals (see handout).
- Discussed drafting an e-newsletter.
- Decided to draft a vision statement which will condense our charge for simplicity.
- Identified next steps including narrowing target demographic, further build work group participants, and identify Consumer Participation and Outreach strategies.

Nov. 7-
- Group updated by Helen Love of Detroit/Wayne Co. Long Term Care Connections on what that SPE contractor has been doing for community education, and how we can help support them. One thing Helen mentioned was giving continuity and consistency to statewide efforts. We also discussed the perception by hospital discharge planners that SPE process slows down the discharge process, creating resistance.
- Decided on subcommittees (which appear in the project grid).
- Introduced potential "communications toolkit" template.
- Refined and finalized vision statement.

Dec. 5-
- Began process of narrowing target audience; we agreed we want to try to reach hospital staffs very early on
- Identified initial action steps for project grid (see handout)

Project Grid (handout) Tricia

Next Steps:

Request meeting through Andy Farmer with OLTCSS staff for purposes of information-gathering to see what SPE's are doing to educate discharge planners / emergency room staffs.
- Who is doing SPE outreach there?
- How is it being paid for?
- Identify what resistance is anticipated by OLTCSS from SPE's

Co-chairs and possibly some work group members do site visits to SPE's
Continue discussion on narrowing target audience
Develop communications toolkit for specific SPE use
Identify Consumer Participation strategy
Continue to refine Outreach strategy
Continue to build work group participation

II. Discussion by Commission on our direction

Barriers to our Work and our Charge:

Resistance from hospital d/c planners, staff, skepticism from some providers

III. Can the Commission adopt our report "as is"?

Recommended changes need a motion to ratify.

IV. Logistical/staffing needs & concerns, communications and coordination concerns

V. Identification of "overlap" issues and possible next steps

PUBLIC EDUCATION AND CONSUMER PARTICIPATION
Charge to Workgroup

- Review and monitor the implementation of recommendation # 4 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for improving access to a quality array of long-term care, services, and supports.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that promote meaningful consumer participation and education.
- Ensure all recommendations:
    - Involve consumers and broad public participation in planning.
    - Promote an array of long-term care services and supports.
    - Promote the concept of money (funding) following the person to wherever that person chooses to live.
    - Assure evaluation is addressed.
    - Assure consistency with the overall commission process for statewide impact.

Background *- Task Force Recommendation # 6: Promote Meaningful Consumer Participation and Education by Creating a Long-Term Care Commission and Informing the Public about the Available Array of Long-Term Care Options.*

Strategies / Action Steps

Create a Michigan Long-Term Care Commission to provide meaningful consumer oversight and accountability to the state's reform and rebalancing of the long-term care system.

Recommended Actions

All stakeholders will have meaningful roles in the ongoing planning, design, implementation, and oversight efforts to achieve the recommendations of the Michigan Medicaid Long-Term Care Task Force and the long-term care efforts of the state. Consumers, families, and their representatives will be the principal participants.
Educate consumers, families, service providers, and the general population about the array of long-term care options available so that consumers can make informed choices and plan for the future.
The goals of the public awareness and education campaign are:

1. Increase awareness of the SPE agencies through uniform "branding" of local agencies throughout the state (with uniform naming and logo, a single web site, and a geo-routed toll free number).

2. Increase awareness among consumers, prospective consumers, providers, faith-based communities, other community organizations, neighbors, friends, and family members of LTC services that consumers can choose from the array of LTC supports, determine their needs through the person-centered planning process, and have the option to control and direct their supports.

3. Authorize continuing education for professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) on the role of the SPE agency, the value of the person-centered planning process, the array of long-term supports available, and options for consumers to direct and control their supports. These professionals can direct individuals to the single point of entry and support them in making informed choices and planning for their future.

4. Assure that state employees involved in any aspect of LTC are provided mandatory training on the value of the person-centered planning process, the array of LTC supports available, and options for consumers to direct and control their supports.

5. Provide an orientation to legislators and their aides and officials in the executive branch on the value of person-centered planning, the array of long-term supports available, and options for consumers to direct and control their supports.

6. Create an educational program for children K-12 to learn about career opportunities in direct care and other aspects of LTC, and the components of the new LTC system (the array of long-term care supports available, the value of the person-centered planning process, and options for consumers to direct and control their supports) so that children can share this information with their family members.

Strategies / Action Steps

1. Develop criteria for and authorize hiring of a social marketing firm to develop a marketing and public awareness campaign that includes the following components:

- **a.** Uniform identity including name and logo for the single point of entry agencies;
  - **i.** Public awareness campaign that includes radio and television public service announcements, print ads, brochures, and other appropriate educational materials; and
  - **ii.** Local media and awareness tool kit that single point of entry agencies can use to outreach to and raise awareness among all stakeholders.

2. Develop criteria for and authorize hiring of a web design firm and an expert in creating materials for the targeted populations (e.g., seniors and people with a variety of disabilities) to design an informative, user friendly web site that can serve as a single point of information regarding LTC in Michigan. T his web site will maintain the look, name, and logos developed for the marketing and public awareness campaign. The web site will include comprehensive information on LTC, have well-developed keywords and navigation capabilities, and be linked to major search engines and other relevant web sites in a way that makes them easily accessible.

3. Establish criteria for and authorize the development of curricula for education of professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) that can be included in academic programs and continuing education requirements for licensing and/or certification and will be implemented over time.

4. Establish criteria for and authorize development of a variety of training and educational materials targeted to the specific groups described above (state employees involved in long term care, legislators and their aides, and children K-12).

Benchmarks

1. Development of campaign materials including radio and television public service announcements, print ads, brochures, and other appropriate educational materials.

2. Dissemination of campaign materials:

- **a.** Measured by number of media placements and numbers of materials distributed.
- **b.** Measured by the impact as identified by consumers, family members, and professionals that interact with the Single Point of Entry agencies.

3. Development of curricula targeted to the identified professional and educational groups.

4. Implementation of curricula targeted to the identified professional and educational groups.

5. Measured by the number of individuals that complete a curriculum or other educational program.

6. Measured by the referrals to the SPE by the professionals.

7. Measured by consumer reporting of the content of the professional interaction (i.e., if and how the professional made a referral to the SPE and whether the professional described the potential for consumer choice and control).

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	Action Items	Team Member	January					February				March				
			1	2	3	4	5	1	2	3	4	1	2	3	4	5
I. Communications & Media	Identify target audience.															
	Develop key messages.															
	Develop marketing plan.															
	a. Identify materials, brochures, CD, podcast, website															
	Develop internet and non-internet campaign.															
	Develop PSA and ad slicks.															
	a. Write copy															
	Develop media tool kit.															
	Develop e-press kit.															
	Develop consumer media participation tool kit.															
	Develop media distribtution list.															
	Recruit talent i.e. design and copywriters, retired pro's in the field.															
II. Consumer Relations	Identify target audience.															
	Identify best approach to reach D/C Planners.															
	Develop a presentation.															
	Develop supporting education and outreach tools.															
	Develop plan to educate current LTC consumers and families.															
	a. Assisted Living															
	b. Skilled Nursing Facilities															
	c. Community-based services															
III. Legislators & Policy Makers	Identify LTC champions (those w/LTC experience).															
	Develop a presentation supporting task force recommendations.															
	a. Develop key message and determine desired outcome															
	a.1. Advocate adaquate & equitable funding for LTC															
	Develop educational tool kit for SPE's to use w/legislators.															
	Educate legislators regarding LTC issues, SPE, PCP															
	Identify LTC champions (those w/LTC experience).															
IV. Policy & Guidelines	Attend January meeting of all represenatives of all workgroups.															
	Review tasks of other workgroups and identify overlapping tasks.															
	Establish policy on use of funds.															
	Review guidelines for commission workgroup participation.															
	Review charge to LTC workgroups.															

V. Budgets	Recruit retired pro's in the field for budget development.																
	Explore possibility of private healthcare funding.																
	Establish a budget.																
	Establish what was spent FY07.																
	Establish what in FY08 state budget may be appropriated for workgroup.																
VI. Evaluation	Quarterly review of the marketing campaign.																
	Review all action items for consistency w/LTC task force recommendations																